# HAWAII STATE ETHICS COMMISSION

DISCLOSURE OF FINANCI	AL INTERESTS (LONG FORW)
NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission) TRUSTEE OFFICE OF ATMINION AFFORMS (COSTAL SERT)
Carpenter Dante Keala	(CASHU SEAT) TERM OF OFFICE (Begin/End):
•	

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

# ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

11-05-02 1 11-07-06

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

eceived during	the preceding calendar year, for services rendered, and the ha	iture of the se	Mices rendered.
F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	Office of Hawaiian Affairs 711 Kapiolani BIVI., 12F Gonslulu, 41. 76814	۵	Elected Trustre -044
F F F F	New York Life Employees Restrement System Social Security Dept. of Defense	E	Retirement Income
F	Carpenter & Orpenter Inc. 3054 Ala Poha AL. #401 4molulu, HI 96818	8	Consultant - Salf-Employa
SP	Social Socurity	B	Rotinent Income
[ ]Check he	re if entry is None	[ ]Che	ck here if additional sheets are attached

## ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business

the State I	ne State if the interest has a value of \$5,000 or more of is equal to 10% or more of the ownership of the business.					
F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES		
F	Pacific Waste, Inc. P.O.BOX 44573 Kawaihae, 41 96743	Solid Naste Collection, Disposal & Recycling	corporate	P		
F	Carpenter & Carpenter, Inc. 3051 Als Poha, K. #401 Home Wee, 41 96818		owners wife & self	1,020 Shares		
F	Hanaci Matimal Education Institute 30.54 Ata Poha DL #40/ Hono lulu, 41 16818	POUC. OPPORTUNITIES  POR HAWAITAN  COMMUNITIES -  NOW-PROFIT	@APORATE OFFICER			
	Hui Enekenia Hawaii 1001 Bishop street Homolula H1 96813	ENBLLY Devolupment	LIMITED PORTIVER			
F. Johanis have if autoria Nava						

[ ]Check here if entry is None

[ ]Check here if additional sheets are attached

#### ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER	
[ A Chec	[ ]Check here if entry is None [ ]Check here if additional sheets are attached		

#### **ITEM 4: CREDITORS**

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
[v]Che	ck here if entry is None	]Check here if addition	al sheets are attached

# ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
-	Pacific Waste, Inc. P.O. BOX 44503 Kawaihae, H1 96743	Corporate Secretary & Director		8
FISP	Carponter & Carpenter, Inc. 3054 Ala Poha Pl. #40/ Honolalu, HT 96818	PROS & DIR.  SPIS  VP & DIR		8
F	Harris National adacation 30521 Ala Poha Pl. # 401	PLOS & DIR (NON-PROPIT)		NONE
F	Hul Enekenia Hawayi 97;	DIRECTIR		NONE
[ ]Che	[ ]Check here if entry is None [ ]Check here if additional sheets are attached			

ITEM 6: INTERESTS IN REAL PROPERTY HELD. EXCLUDING PERSONAL RESIDENCE(S)

F,SP,	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX VALUE
C,JT	STREET ADDRESS	MAP KEY NUMBER EXISTS)
<b>ड</b> ि	Country Club Village - Condominium Azzociation Apt. 401 3054 Ala Poha PL, #401 Hanolulu, H1 96818	1-1-065:046
I 1Che	ck here if entry is None	[ ]Check here if additional sheets are attacl
	ITEM 7: INTERESTS IN REAL PROPERTY	ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S) d during the disclosure period, if the interest has a value of \$10,000 o
		sonal residence of your spouse or dependent children need not be lis
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER TAX MAP KEY NUMBER EXISTS)	R (IF AMOUNT & NATURE OF CONSIDERATION PAID RECEIVING THE CONSIDERATION
[V]Che	eck here if entry is None	[ ]Check here if additional sheets are attac
_ist inter	ests in real property in or outside of the State transfer	RANSFERRED, EXCLUDING PERSONAL RESIDENCE(S) red during the disclosure period, if the interest has a value of \$10,000 ne personal residence of your spouse or dependent children need not
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXIST	AMOUNT & NATURE OF CONSIDERATION RECEIVED CONSIDERATION  NAME OF PERSON FURNISHING THE CONSIDERATION

[ Check here if entry is None

[ ]Check here if additional sheets are attached

#### ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
[ Check here if entry is None	[ ]Check here if additional sheets are attached

### ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5.000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			STATE OF HAWAII STATE ETHICS COMMISSION	
[ ]Check here if entry is None [ ]Check here if additional sheets are attached				

**CERTIFICATION:** I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

Jane Lare Penter

DATE

DATE

SIGNATURE